 REVISED Mar 2016

STAFF PERFORMANCE EVALUATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  |       | **Position:** |       |
| **Program:** |       | **Project:** |       |
| **Service Center:** |       | **County:** |       |
| **Period Of Time:** |       | **Through** |       |
| **Date Of Hire:** |       |
| **Type Of Evaluation:** |  [ ]  Annual [ ]  Probationary [ ]  Other |
| **INSTRUCTIONS:***Performance at either below or above the “satisfactory” level of 3 should receive additional comments in the space provided.* |
| **5****Outstanding:****Distinguished Performance** | **4****Exceeds Standards:****Commendable Performance** | **3****Met Standards:****Satisfactory Performance** | **2****Partially****Met Standards:****Marginal Performance** | **1****Failed to Meet Standards:****Unsatisfactory** |
|  |
| **Description of Duty** | **Score** | **Comments** |
| 1. Quality of Work: Includes accuracy, thoroughness, neatness, attention to detail and workmanship. |       |       |
| 2. Volume of Work: Amount of work completed, work speed, time management. |       |       |
| 3. Job Knowledge: Detailed knowledge of job tasks and duties, ability to complete routine tasks, amount of supervision required, ability to perform work, amount of assistance needed to complete routine duties. |       |       |
| 4. Work Effort & Initiative: Completes assignments timely, ability to accept change, follow-though of tasks, resourcefulness in solving work problems, amount of direct supervision required to complete tasks. |       |       |
| 5. Following Policies & Procedures: Understanding of policies and procedures, amount of guidance required in order to follow and adhere to policies and procedures. |       |       |
| 6. Teamwork, Cooperation with Others and Conduct: Effectiveness in working with others, composure, reliability while under work related stress |       |       |
| 7. Attendance & Punctuality: Ability to come to work daily, on time and stay for the scheduled number of hours, frequency of unexcused absences, frequency of tardiness |       |       |
| 8. Serving the Public: Courtesy in dealing with the public and effectiveness in meeting the public’s needs |       |       |
| 9. Communication: Organization and presentation of information in written or oral form, ability to effectively and logically express ideas, effectiveness in listening.  |       |       |
| **General Work Performance Score:**  |       | **Add the scores from numbers 1-9.** |
| **Weighted General Work Performance Score:**  |       | **Multiply the total above by 40% (Example: Score of 38 x .40 = 15.2)** |
| **List and evaluate the most important job tasks as listed on the Job Description**  |
| 10.       |       |        |
| 11.       |       |       |
| 12.       |       |       |
| 13.       |       |        |
| 14.       |       |       |
| 15.       |       |       |
| 16.       |       |       |
| 17.       |       |       |
| 18.       |       |       |
| 19.       |       |       |
| **Job Specific Duties Score:**  |       | **Add the scores from numbers 10-19.** |
| **Weighted Job Specific Duties Score:**  |       | **Multiply the total above by 60% (Example: Score of 42 x .60 = 25.2)** |
| **Overall Performance Score: Add the total WEIGHTED scores from each category.**  |       | 40.3 – 48.0: Outstanding32.7 – 40.2: Exceeds Standards25.2 – 32.6: Met Standards17.6 – 25.1: Partially Met Standards \*Improvement plan required.10 – 17.6: Failed to Meet Standards \*Unsatisfactory performance, improvement plan or termination required |
| **20. Strong Points in Performance:** |
|       |
| **21. Goals/Areas to be Improved:** |
|       |
| **22. Training Needs and Goals:** |
|       |
| Recommend change from probationary to regular status:[ ]  Yes [ ]  No | Recommend extension of probationary period to:      |
| *I have read this evaluation and have had the opportunity to discuss my work with my supervisor. I realize that my signature on this form does not mean that I agree with the evaluation. I understand that I may record my objections regarding this evaluation on the bottom of this form or respond in writing to my supervisor within five (5) work days.* |
| Employee Signature | Date  |
| Supervisor’s Signature | Date  |
| Supervisor’s Signature | Date  |
| Director’s Signature | Date  |
| Executive Director’s Signature | Date:  |
| Comments:      |